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FROM: Robert E. Scheid (Reg. No. 42,126)**DATE:** August 1, 2005

Number of pages with cover page:	9
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Contents of this Transmission:

Inventor: Leonard SCHLESSINGER et al.		Attv Docket No.:071882000221
Application No.: 10/763,653	Filing Date: January 22, 2004	
Group Art Unit: 1631	Examiner: Not Yet Assigned	
Title: GENERATING A MATHEMATICAL MODEL FOR DIABETES		
Documents Filed:		
Transmittal (1 page)		
Power of Attorney To Prosecute Applications Before the USPTO (2 pages)		
Statement Under 37 CFR 3.73(b) (2 pages)		
Supplemental Application Data Sheet (3 pages)		
Facsimile Return Receipt Cover Sheet		
Sender's Initials:	RES4/jxh3	Date August 1, 2005

PTO/SB/21 (09-04)


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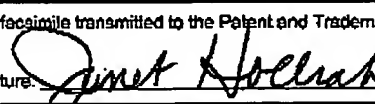
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<h1 style="text-align: center;">TRANSMITTAL FORM</h1> <p style="text-align: center;">(to be used for all correspondence after initial filing)</p>		Application Number	10/763,653
		Filing Date	January 22, 2004
		First Named Inventor	Leonard SCHLESSINGER
		Art Unit	1631
		Examiner Name	Not Yet Assigned
Total Number of Pages in This Submission	8	Attorney Docket Number	071882000221

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input checked="" type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address (2 pages) <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): 1. Statement Under 37 CFR 3.73(b) (2 pages) 2. Application Data Sheet (3 pages) 3. Facsimile Return Receipt Cover
Remarks		

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Printed name	Robert E. Scheid		
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